

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011636

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

156

Primary Registration District No.

2001

Registrar's No.

176

FILED APR 2 1962

## 1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (if outside corporate limits, give TOWNSHIP only)

Jonlin

OR  
TOWN

Length of stay in 1b

41 Years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

St Johns Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jasper

c. CITY  
OR  
TOWN

Jonlin

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

1515 West A Street

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Eula

Middle

Belle

Last

Speedy

4. DATE  
OF  
DEATH

Month

Day

Year

March

26

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1/22/1892

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Spring valley, Ark.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Emsley Roberts

13b. MOTHER'S MAIDEN NAME

Katerine Blackburn

14. NAME OF HUSBAND OR WIFE

John Speedy (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Otto Speedy 312 Wash. Pittsburg, Kp

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Aggranulocytosis (Lapazale)

INTERVAL BETWEEN ONSET AND DEATH

8 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Toxic hepatitis, Thymomatosis, ASD

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ N☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-19-62 to 3-26-62 and last saw him alive on 3-26-62

Death occurred at 11:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3/29/62

23c. NAME OF CEMETERY OR CREMATORY

Ozark Memorial Park

23d. LOCATION (City, town, or county)

Jonlin

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Hurlbut-Glover Mortuary, Jonlin, Mo.

25. DATE RECD. BY LOCAL REG.

3-28-1962

26. REGISTRAR'S SIGNATURE

Dorve Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 0499

2 0499

3 2

4 1

5 2

6

7 1

8 2

9 297X

10

11

12 3-0

13 2-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lynne R. Cunningham

Licensed Embalmer No. 4969

P. O. Address Joplin, Mo-

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.